



STATE OF MAINE  
MAINE REVENUE SERVICES  
24 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0024

ADMINISTRATIVE & FINANCIAL  
SERVICE

REBECCA M. WYKE  
COMMISSIONER

John Elias Baldacci  
GOVERNOR

JEROME D. GERARD  
ACTING EXECUTIVE DIRECTOR

**APPLICATION FOR SALE/USE TAX EXEMPTION CERTIFICATE FOR AN  
INCORPORATED NONPROFIT STATEWIDE ORGANIZATION THAT ADVOCATE FOR  
CHILDREN AND THAT ARE MEMBERS OF THE MEDICAID ADVISORY COMMITTEE**

Name of Corporation \_\_\_\_\_  
Name of Organization \_\_\_\_\_  
Physical Location \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The statute reads, "Statewide organizations that advocate for children and that are members of the Medicaid Advisory Committee."

Is the organization incorporated? Yes \_\_\_ No \_\_\_

Send a copy of the articles of incorporation

Has the organization received 501(c) nonprofit status from the IRS? Yes \_\_\_ No \_\_\_

Send a copy of the IRS determination letter indicating 501(c) nonprofit status

**IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING MUST BE INCLUDED**

1. Copy of the Articles of Incorporation, as well as a copy of the Constitution and/or By-law
2. Copy of the IRS determination letter indicating 501(c) nonprofit status

I hereby certify that \_\_\_\_\_ is an incorporated nonprofit organization. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (49).

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Tel: \_\_\_\_\_

Print Name: \_\_\_\_\_

Fed ID# \_\_\_\_\_

Title: \_\_\_\_\_

Date Facility Opened: \_\_\_\_\_

ST-R-42

